

www.mass.gov/abcc

LICENSE NUMBER	R: 037800002		CIT	TY OR TOWN	ERVING	
APPLICATION FOI	R RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS SEMB D		WLING CE	NTER INC			
CITY/TOWN: ERV		STATE:	MA	ZIP CODE:	01344	
	B, RALPH W. TYPI				ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEB				TILGORI.	
DESCRIPTION OF	LICENSED PREMISI	ES:				
FOUR ROOMS IN O	ONE BUILDING WIT	H ENTRAN	CE AND E	XIT ON ROUT	ΓE 2	
 the renew the licens 	wear under penalties of red license will be of the ee has complied with a ses are now open for b	ne same type	for the same Commonv	wealth relating t		
SIGNED BY	Individual, Partner of	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	ector and th	e head of t	the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		L. B; -	OCAL LICENS y:	SING AUTHO	ORITY
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	ENSEES DURING	— THE MONTF	I OF NOVEMBER (N	И.G.L. Ch. 138 \$ 16	(iA)



www.mass.gov/abcc

LICENSE NUMBER:	037800004		CITY OR TOW	N ERVING	
APPLICATION FOR 1	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	EDWIN PRONDEC!	KI			
DOING BUSINESS A	FRENCH KING M	OTOR INN			
ADDRESS RTE. 2					
CITY/TOWN: ERVI	NG	STATE: MA	ZIP CODE:	01344	
MANAGER: PRONI FRANI		OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
TWO BUILDINGS LO HAS TWO DINING R				L. THE RESTA	AURANT
I hereby certify and sw	ear under penalties o	f perjury that:			
1. the renewed	l license will be of the	e same type for th	e same premises no	ow licensed;	
2. the licensee	has complied with a	ll laws of the Com	nmonwealth relating	g to taxes; and	
3. the premise	s are now open for bu	usiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner of	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social Security Number)		
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the hea	nd of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:					
D. 11 L.					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	800007		CITY OR TOW	IN ERVING	
APPLICATION FOR RE	NEWAL:	Annual	LIC	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: MIDOING BUSINESS A F					
ADDRESS LESTER & H	IGH STREET				
CITY/TOWN: ERVING	S	ΓΑΤΕ: MA	ZIP CODE:	01344	
MANAGER:	TYPE OF	LICENSE: Pac	ekage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		L
DESCRIPTION OF LICE	NSED PREMISES:				
BRICK BLDG ON CORN THREE BEDROOM APA			TAIL ROOM, ST	ORAGE ROOM	I, AND
3. the premises at SIGNED BY	s complied with all lave now open for busing	ess (If not expl	ain below)		
DATE:	TELEPHONE NU	MBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 037800012		CITY OR TOWN	ERVING	
APPLICATION	N FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	ME: Vicki Fellows				
DOING BUSIN	NESS A Pocket Saver	Market			
ADDRESS 5 W	VEST MAIN STREET	•			
CITY/TOWN:	ERVING	STATE: MA	ZIP CODE:	01344	
MANAGER:	Fellows, Vicki	TYPE OF LICENSE:	Package Store C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PRE	EMISES:			
2 1/2 STORY I FOR STORAG		R CONSISTS OF 4 RO	OMS INCLUDING K	ITCHEN: CI	ELLAR
I hereby certify	and swear under pena	lties of perjury that:			
1. the 1	renewed license will be	e of the same type for t	he same premises now	licensed;	
2. the 1	icensee has complied	with all laws of the Con	mmonwealth relating t	o taxes; and	
3. the p	premises are now open	for business (If not ex	plain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	IONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUM	IBER: 03/80001/		CITY OR TO	WN ERVING		
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 201	13	
		CLASS		Y	YEAR	
LICENSEE NAI	ME: WILD CAT	INN LLC				
DOING BUSIN	ESS A CHRISTIN	JA'S RESTAURANT & PI	ZZERIA			
ADDRESS 20 F	RENCH KING HI	GHWAY				
CITY/TOWN:	ERVING	STATE: MA	ZIP CODE	E: 01344		
MANAGER:	SULLIVAN, MELINDA	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol	
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISI	TOUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTION	OF LICENSED P	REMISES:				
OF A DINING A AND KITCHEN	AREA AND A LO	UCTURE CONSISTING (UNGE/BAR AREA WITH AME FLOORENTRANG THE BUILDING	I A STORAGE F	ACILITY, RESTI	ROOMS	
I hereby certify a	and swear under pe	nalties of perjury that:				
1. the re	enewed license will	be of the same type for the	e same premises	now licensed;		
2. the li	censee has complie	ed with all laws of the Com	monwealth relati	ng to taxes; and		
3. the pr	remises are now op	en for business (If not exp	lain below)			
SIGNED BY	Individual, I	Partner or Authorized Corp	oorate Officer			
DATE:	TELE	PHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NO	I Individual Social Se	curity Number)	
Acts of 2004, si	gned by the build	we are in possession (1) the ing inspector and the hea cate of liquor liability ins	d of the fire dep	partment for the a	above	
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of	D:		LOCAL LIC By:	ENSING AUTHO	RITY	
DATE:						



www.mass.gov/abcc

LICENSE NUMBE	K: 03/800018		CITY OR I	OWN ERVI	NG		
APPLICATION FO	R RENEWAL:	Annual	I	LICENSED FO	OR 2013		
		CLASS			YEAR		
LICENSEE NAME:	MICSIM, LLC						
DOING BUSINESS	A THE CROOK	ED TAP CAFÉ					
ADDRESS 7 WEST	MAIN STREET						
CITY/TOWN: ERV	VING	STATE: MA	ZIP CO	DE: 01344	4		
MANAGER: CRIS	STOFORI, TONE	YPE OF LICENSE:	Restaurant	CATEGO	RY: All Alcohol		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF	LICENSED PREI	MISES:					
SUBDIVDED INTO	O A DINING ARE 56 SF) AND UTIL	SPACE CONSISTS O A (560 SF), KITCHE JITY CLOSET (40 SF XITS	N AREA (228 S	SF0 STORAGI	E ROOM (156		
I hereby certify and	swear under penal	ties of perjury that:					
1. the renew	ved license will be	of the same type for the	ne same premis	es now licensed	d;		
2. the licens	see has complied w	ith all laws of the Con	nmonwealth rel	ating to taxes;	and		
3. the premi	ises are now open	for business (If not ex	plain below)				
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer				
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICATION NUMBER:		
			(Note: N	(Note: NOT Individual Social Security Number)			
Acts of 2004, signe	d by the building	are in possession (1) inspector and the he	ad of the fire o	lepartment for	r the above		
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL L By:	ICENSING AU	UTHORITY		
(== disapproved expi	/						
DATE:							